Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 03/07/2010 | Address: | 471 Old Royce Rd. | |
|--|---|--|---|--|
| Case #: | <u>32-30356</u> | | Terre Haute, IN | |
| County: | Vigo | · | <u>47802</u> | |
| Type of Laboratory Seizure (check one) | | Seizure Location (check all that apply) | | |
| ☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only) | | ☐ Residence☐ Outbuilding☐ Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: | |
| (check all th | nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s): <u>Residence</u> | air, etc) | | |
| Red Phosphorous/Iodine Reaction(s): | | | | |
| Flammable Solvents: Residence | | | | |
| Water Rea | active Metal (Lithium): | | | |
| Anhydro | ous Ammonia: Residence | | | |
| ⊠ Hydrocl | hloric Acid Gas Generator(s): Reside | ence | | |
| Corrosiv | ve Acid: Residence | | | |
| Corrosiv | ve Base: | | | |
| Other (it | tem and location): | | | |
| Child under age 18 discovered (check one) ☐ Yes 2 (number present) ☐ No *If yes, fax report to Child Protective Services | | Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: | | |
| This report | is to be faxed to the following ager | | | |
| Fire Departr | nent: Honey Creek | <u> </u> | | |
| Health Department: Vigo Health Dept. | | | Fax: <u>812-234-1010</u> Fax: <u>812</u> -234-1802 | |
| Child Protec | etion Service: <u>Vigo CPS</u> | 1 m. 012-25 | 1 1002 | |
| investigating | | ne <u>(812)299-1151</u> | | |
| listed wit | n is to be faxed to the Fire Department, Heal | th Department and/or Child | Protective Services Department | |

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.